

Best Available Copy
MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,846

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40	2					
41	1					
42	1					
43	1					
44	1					
45	1					
46	2					
47	1					
48	2					
49	2					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		2				
55		1				
56		1				
57		2				
58		1				
59	1					
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		2				
68		2				
69	1					
70		1				
71		1				
72		1				
73		1				
74		2				
75		2				
76		2				
77		1				
78		1				
79		1				
80		2				
81		2				
82		2				
83		2				
84		2				
85		2				
86		2				
87		2				
88		2				
89		2				
90		2				
91		2				
92		2				
93		2				
94		2				
95		1				
96		1				
97		1				
98		1				
99						
100						
TOTAL IND.	3					
TOTAL DEP.	12					
TOTAL CLAIMS	124					